



## AffloVest

### CHECKLIST / MEDICAL REQUIREMENTS:

Please include all of the following:

1. Prescription / Written Order Prior to Delivery
  2. Patient demographics with insurance information / Face Sheet
  3. Medical records that meet documentation requirements / CT scan for bronchiectasis diagnosis
- The patient's medical record must have well-documented *failure* of standard treatments to adequately mobilize retained secretions (flutter valve, percussion, postural drainage, CPT, oscillating PEP, suctioning, cough assist, etc.).
  - For a diagnosis of bronchiectasis, the patient's medical record must confirm the diagnosis with a CT scan and show daily product cough for at least six continuous months or frequent (i.e. more than 2 per year) exacerbations requiring antibiotic treatment.
  - The patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the AffloVest. The information should include the patient's diagnosis and other pertinent information including, but not limited to, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitation, other therapeutic interventions and results, past experience with related items, etc. Neither a physician's order, nor a supplier-prepared statement, nor a physician attestation by itself provides sufficient documentation of medical necessity, even though it is signed by the treating physician. There must be clinical information in the patient's medical record which supports the medical necessity for the AffloVest and substantiates the information on this form.